The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVI MARCH, 1960 NO. 3

THE DOCTOR AND HIS HOBBY

(See Page 20.)

Hampden District Medical Society

Founded 1840

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, MARCH, 1960

EDITORIALS

LEGISLATIVE INFORMATION, PLEASE!

The number of bills pending in the State Legislature for consideration during 1960 is 4,000. This may sound incredible but what is even more incredible is that no less than 80 of these bills deal with medical aspects, several affecting directly the practice of medicine. Medical bills, we are told, are steadily on the increase, a fact that should alert all of us to what is going on in our State Legislature in and out of season.

In his "Page" last month President Burke called attention to three ignominious defeats that we suffered recently on Beacon Hill: The Podiatry Bill, the Drug Act and the increase in Blue Shield income limits.

He attributed these defeats, and rightly so, to a lack of information on the part of the fellows of the Society. We of the rank and file never knew that these bills were pending, or that they were scheduled for Legislative consideration. Their enactment, therefore, came to us as a shocking and stunning blow. All we can do now is to try and have these detrimental laws repealed or amended, a feat which is extremely difficult to accomplish.

In an effort to remedy the situation the MMS Legislative Committee recently began to make available to each District president and Legislative Councilor a summary of all pertinent medical legislation pending in Boston. Our own Executive Committee acting on the recommendation of our Legislative Councilor, Dr. Ted Miner, voted to send copies of the entire Legislative report to all Hampden Councilors, and in addition to have a condensation published in the Hippocrat. This is commendable. It will serve

at least to inform our own District Membership, who in turn might make their opinions known to our State Senators and Representatives.

Unfortunately, this will only partly solve the problem. The Hippocrat will keep the Hampden membership appraised of Legislative problems and the three or four other District bulletins may do the same. But what about the large majority of the State membership with no similar source of information?

In order to deal effectively with the ever mounting legislative problems it is imperative that we have a totally informed membership. Experience has shown that an informed membership can exert tremendous influence, as it did in connection with the Chiropractic Bill and the Pound Bill. It would therefore seem highly desirable that our State Society undertake the job of covering its entire membership either through the pages of the New England Journal of Medicine, or if this is not feasible, through the Newsletter, provided, of course, that it is published more often, perhaps monthly.

On page six a list of some of the more important pending medical bills appears. We will all do well to study these bills carefully, and make our opinions and wishes known to our State Legislators as soon as possible.

H. B. T.

IS THE DRUG ACT HERE TO STAY?

Notwithstanding the heroic efforts on the part of our own dedicated Ted Miner the repeal of the Drug Act is as remote today as it has ever been. The MMS-sponsored bill S112, even if approved by the State Legislature, will barely dent the Drug Act. S112 would serve merely to modify paragraph seven which deals with the administration but not with the dispensing of drugs.

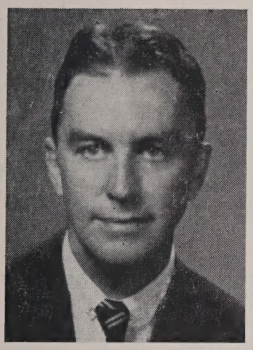
The crucial portion of the Drug Act is contained in paragraph three which stipulates that no one, including physicians, shall " . . . dispense or give away any harmful drug . . . ", which by definition includes well over 90% of all drugs prescribed by the practicing physician. It was paragraph three in particular which moved Hampden District to vote unanimously for the total repeal of the Drug Act. Other objectionable features of the Drug Act are the harsh penalties entailed (paragraph 10), and the administeration of the act, in part at least, by the Board of Registration of Pharmacy rather than the Board of Registration in Medicine (paragraph 11). Many physicians interpret these restrictions as evidence of poor faith, and resent the insinuation that physicians are less competent, less dependable and less ethical in the handling of drugs than are the druggists.

It is sincerely hoped that S112, whether or not it passes the legislature, will in no way lull our membership into the lethargic state of allowing the other and even more objectionable portions of the Drug Act to remain on the statute books of our Commonwealth.

M. M.

The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.

President's Page



The Fund-Raising Dilemma

I wonder how much longer it will be before some member gets up at one of our regular meetings, and moves that the Society go on record as strongly opposed to fund-raising drives for individual diseases. The situation in our district has become ridiculous, as the competition for the charity dollar continues to increase in intensity.

It seems to me that perhaps the physicians of the country should be more outspoken in their views on this very important matter. More and more frequently we see editorials in the daily press, wondering how much farther the demands on the public can go. Each year some new group of vitally concerned well-intentioned people band together, because of common interest, to raise money to attack the research problems of yet another disease, one even more obscure than the last one.

The public is becoming increasingly weary of the steady procession of door-bell ringers, and in recent months the signs are clear that the "good old souls" in every neighborhood, who can be counted on as workers, are beginning to rebel because of the increasingly chilly reception they are getting from put-upon householders.

Incidentally the financial balance sheets of these enterprises, (if available) in some cases, are very enlightening when the details of how much is finally available for research come to light. It has been suggested that the public might respond more generously to a single United Disease campaign annually, rather than subscribe to the Disease-of-the-Month Club as they now seem to. However, since this would strip all the drives of their independence, it will probably never come to pass.

Perhaps as individual physicians, we should attempt to point out to our patients and friends which diseases are important statistically and which are not, and let them draw their own conclusions. But be discreet — the Pemphigus Foundation may resent it, and you'll lose half your patients.

John A. Burke, M. D.

ATTENTION COMMITTEE CHAIRMEN!

(FINAL NOTICE)

In order to shorten the coming Annual Meeting the Executive Committee recently voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only requirements are; (1) that the report not exceed the maximum of 300 words, and (2) that the report reach the desk of the Editor-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting.

Reports containing "recommendations" will still have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will report instead to their respective Parent Committees.

Your co-operation is urgently requested.

Harry N. Memery, Secretary

COMING EVENTS

American College of Allergists — March 2, 3 and 4, Miami Beach, Fla

American Academy of General Practice, March 19 - 24, 1960,
Philadelphia, Pennsylvania.

American College of Physicians — April 4 - 8, San Francisco, Cal.

Springfield Academy of Medicine, April 12, 1960 (See Page 27)

Mass. Society of Internal Medicine, April 13 (See Page 26)

HAMPDEN DISTRICT MEDICAL SOCIETY,
ANNUAL MEETING, TUESDAY, APRIL 26, 1960

MASS. MEDICAL SOCIETY MEETING, MAY 17, 18 and 19,
HOTEL STATLER, BOSTON.

A. M. A. ANNUAL MEETING, JUNE 13 - 17, 1960, MIAMI BEACH, FLA.

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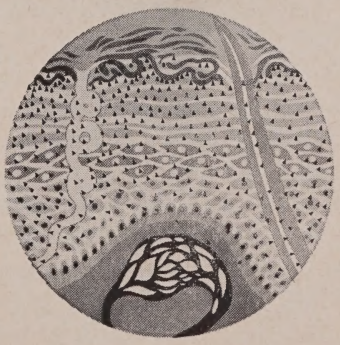

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References: (1) Williams, D. I.; Marten, R. H., and Sarkany, I.: Lancet *2*:1212, 1958. (2) Gentles, J. C.; Barnes, M. J., and Fantes, K. H.: Nature *183*:256, 1959. (3) Brian, P. W.; Curtis, P. J., and Hemming, H. G.: Tr. Brit. Mycol. Soc. *29*:173, 1946.

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OUR COMMITTEE RECOMMENDS

Below are several of the more important medical bills now pending in the State Legislature. The action taken by the M.M.S. Legislative Committee is as follows:

Bills to be Opposed

H. 1442 . . . Chiropractic licensing.

H. 2489 . . . Relative to the sale, possession and distribution of restricted drugs. This bill would severely hamper the physicians' administering and dispensing of drugs, and would curtail activities of hospital pharmacies.

H. 210 . . . Requiring an examination by a doctor of any person arrested on a charge of drunkenness.

S. 62 . . . Provides that certain charitable corporations or organizations shall be liable for the tortious acts of their employees.

H. 2125 . . . Authorizing use of medical depositions at trials in the absence of attending physicians.

H. 1519 . . . Would remove two physicians and Secretary of the Board of Registration in Nursing from the present Board of Registration in Nursing creating a Board of five registered nurses and two licensed practical nurses.

H. 406 . . . Would require physicians to notify both parties to an intended marriage in case of evidence of RH negative blood.

H. 469 . . . Outlawing compulsory vaccinations and inoculations.

H. 1078 . . . Requiring every physician practicing medicine in this state to register with boards of health for monthly twenty-four-hour public call duty.

H. 1089 - H. 1080 . . . Providing that there shall be a doctor in attendance at all times in all hospitals.

Bills to be Supported

H. 1088 . . . To remove the restriction in the law re the makeup of the Board of Registration that "no member of said board shall belong to the faculty of any medical college or university." (Petition of Dr. Lawrence R. Dame)

S. 112 . . . The Society sponsored bill re the harmful drug act. Dr. Miner was named to present the Society's case at the public hearing.

H. 2212 . . . To add a licensed practical nurse to the present six-man Board of Registration in Nursing.

H. 62 . . . To require only the filing of a fetal certificate for a stillborn child instead of both a birth and death certificate.

H. 329 . . . To regulate the distribution and sale of packages of hazardous substances intended for household use.

Approved in principal with suggestion that the changes recommended by Dr. Robert Haggerty be presented at the hearing of this bill.

H. 471 . . . Restricting the practice of chiropody to the external treatment of the feet. Society sponsored bill.

Dr. Murphy will head a committee to present the Society's arguments to the Legislators.

H. 1437 . . . Authorizing scientific studies to reduce morbidity and mortality within the state.

All data, records, etc. of scientific studies and research authorized by the Commissioner of Public Health shall be confidential and shall be used solely for purposes of medical or scientific research. Such information shall not be admissible as evidence in action of any kind in any court.

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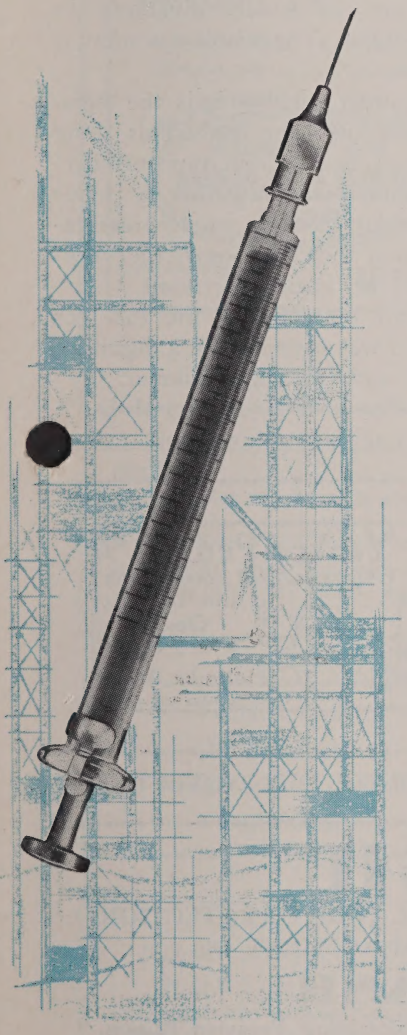

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Levin, Samuel J.: Management of the Acute Asthmatic Attack in Childhood. Ped. Clin. of N. A. *1*:975, (November) 1954.

"Its action is about as prompt as the solution, manifested in 1 to 5 minutes, and as prolonged as the oil suspension, lasting 8 to 12 hours."

Naterman, H. L.: Epinephrine Base Suspended in Water with Thioglycollate. J. Allergy *24*:60, (Jan.-Feb.) 1953.

"Greatest individual acceptance of the new injection has been by children. The dosage is small enough to be handled easily (0.30 to 0.40 cc. in adults; 0.15 to 0.20 cc. in children)."

Unger, A. H., and Unger, L.: Prolonged Epinephrine Action. A Report on Use of an Epinephrine Suspension. Ann. Allergy *10*:128, (Mar.-Apr.) 1952.

"Sus-Phrine is a valuable therapeutic adjunct in the treatment of bronchial asthma, urticaria and angioneurotic edema . . ."

Jenkins, C. M.: A Clinical Study of "Sus-Phrine", an Aqueous Epinephrine Suspension for Sustained Action. J. Nat. M. A. *45*:120. (Mar.) 1953.

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LEGISLATIVE COMMITTEE REPORTS

There have been two hearings before the Joint Senate and House Committees on Public Health of interest to all physicians in Massachusetts, and one in particular to members of Hampden District.

The first hearing was on the MMS Chiropody sponsored bill to insert the word "external" in the present Chiropody law, which now gives the podiatrists more leeway in the treatment of certain conditions than the medical profession feel that they should have. This hearing was held before a Committee which had marked pro-podiatry leanings. The MMS was soundly trounced on this point. The Committee recommendation now goes to the Senate and to the House of Representatives.

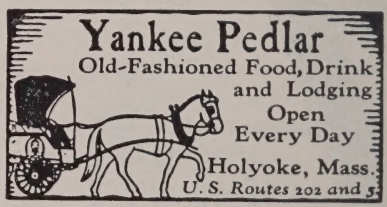
The second hearing was on the Amendment to the Harmful Drug Act. Your Legislative Councilor presented the case for the MMS along with other physician proponents of the bill. The opponents then had their opportunity to present their arguments which were done mainly by counsel, who is apparently the spokesman for the pharmaceutical association. His presentation was given in a typical legalistic courtroom manner. It is very unfortunate that, in a hearing such as this, no opportunity is afforded for rebuttal.

Some members of the Committee inquired as to the possibility of a compromise bill because the interested parties are so widely divergent in their opinions. The whole question is very alive.

In the final analysis it is the legislators who make the laws. This being the case, I believe that our membership should personally or by letter contact their Senator or Representative so that they will know the viewpoint of the Society.

It is my opinion that the case for the MMS was presented in a dignified, forceful, and forthright manner.

Theodore R. Miner, M. D.
Legislative Councilor.



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d, Calcium Pantothenate	5 mg.
Folic Acid	0.5 mg.
Menadione (K)	1 mg.
Vitamin E (dl, alpha tocopheryl acetate)	1 Int. Unit
Magnesium	3 mg.
Manganese	1 mg.
Copper	1 mg.
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MEDICAL READER

Honey, Vinegar and Kelp

One of these days (if it hasn't already happened) a patient will ask: "What is your opinion, doctor, of 'Folk Medicine"*, a book written by a doctor up in Vermont?"

If you profess ignorance you may well expect a raised eyebrow or two. After all, sir, how far behind times can one get? Don't you know that "Folk Medicine" has been on the best seller list these many, many months?

The volume, which reached our desk through the generosity of a patient, is a conglamoration of misinformation, food faddism, pseudo science and superstition, all rolled into one. Its chief thesis is that we, humans, can learn a great deal from animals, and that honey and apple-cider vinegar will cure most of the ills to which human flesh is heir to, including high blood pressure, hay fever, bed-wetting, insomia, cough, obesity, burns, hangovers, shingles, night sweats, impetigo and varicose veins, to mention but a few. The author frowns upon high proteins, cane sugar and white bread but is very partial to kelp and iodine, without warning the reader that the indiscriminate use of iodine may play havoc with thyroid physiology.

Many of us are potassium conscious these days, but the author of "Folk Medicine" is simply carried away by it. Not only does he consider it to be "the key mineral in the constellation of minerals" but he also ascribes to it innumerable and unheard of virtues. He believes that potassium stimulates growth (sic), and that "bacteria cannot live in the presence of honey for the reason that honey is an excellent source of potassium".

According to the AMA's Bureau of Investigation " . . . there is no possible justification for the author to presume that there is something individual or unusual in what he refers to so frequently as 'Vermont folk medicine'. This book simply promotes a lot of food-faddist ideas that have long since been exposed as worthless, and could contribute to serious malnutrition problems if taken seriously."

Millman

* Folk Medicine (182 pp.)—D. C. Jarvis, M. D.—Holt ($2.95)

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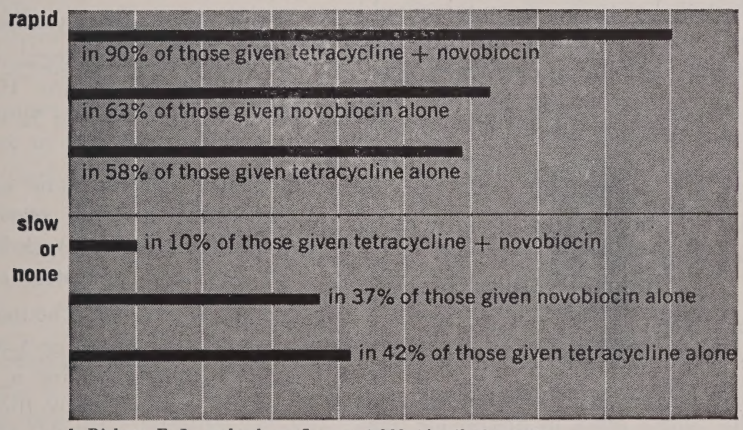
These were the responses obtained:


rapid
in 90% of those given tetracycline + novobiocin
in 63% of those given novobiocin alone
in 58% of those given tetracycline alone
slow or none
in 10% of those given tetracycline + novobiocin
in 37% of those given novobiocin alone
in 42% of those given tetracycline alone

1. Birkett, F. J., and others: Lancet *1*:838 (April 18) 1959.

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CORRESPONDENCE

Who Controls Blue Shield?

Dear Hippocrat:

A statement was made at one of our meetings recently that there was no point in discussing Blue Shield payments to Chiropodists, etc. since we had no control whatever over Blue Shield and its policies.

This statement surprised and disturbed me as I had always thought that the Massachusetts Medical Service was started by the MMS and was controlled by its Executive Committee. If this is so, then Hampden District, as a component of the MMS, should have something to say about it.

If we do not control Blue Shield, who does? And who makes its policies? Who, for instance, decided that the Boston Lying-In Hospital should receive extra payment from B.C.-B.S. if patients employ no private physician? Judging from the dissatisfaction heard in many quarters these policies are not always very popular with our profession.

A clarification of this issue will be appreciated.

Ralph T. Miller, M. D.

(Editor's Note:

The above was referred to M. Gene Black, M. D., who in turn referred it to the Blue Shield office in Boston for comment. Their responses appear below.)

Dear Hippocrat:

In order that I might answer Dr. Miller's letter correctly in every detail, I have written to Blue Shield to find out exactly what is their administrative set-up and what control the Society has over its decisions. As soon as I have a reply from Mr. Reed, I will make a report to you.

M. Gene Black, M. D.,
Chairman
Blue Shield District
Professional Service

From the Blue Shield Office, Boston
(Received by Dr. Black)

1. Our origin fundamentally is from the Commonwealth.
2. The incentive and maintenance rests on the Officers and elected Councilors. **All physicians.**
3. The policies and legal aspects are in the hands of the Blue Shield Board, consisting of 12 laymen and 7 physicians.
4. Medical care, income levels, fees, discipline are the province of 7 **physicians**, the Central Professional Service Committee.
5. Changes in fee schedules are the business of the Fee Committee—either appointed by a Chairman who is appointed by the President of the Massachusetts Medical Society—or who are elected or appointed by the specialty they represent. **All are doctors.**

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6. Liason between the District Society and the Blue Shield officials is supposed to be maintained by the Blue Shield Committee chairman of each District. **All are physicians.**

Certain facts are outstanding:

1. Doctors are in every instance in a position of authority.
2. The vast majority of appointive members of committees are from Boston or vicinity.
3. The same appointees tend to be re-appointed year after year.
4. The Director or Assistant Director of Blue Shield are ex-officio members of all Blue Shield committees. Their experience and advice naturally are sought on all questions.
   This advice may not be acceptable to all physicians:
   a. Because of physicians' inexperience in insurance business
   b. All facts not known to physicians.
   c. Because an Administrator is a business man first and a physician secondly

(Unsigned)

(Editor's Second Note:

That's the best we can do for you, Dr. Miller. We can't identify for you the author of the Boston letter, as no signature was attached.)

HOLYOKE'S FINEST BANQUET FACILITIES ARE AVAILABLE AT THE ROGER SMITH HOTEL HOLYOKE, MASS.

Mobilization Assignee Vacancies

Dear Hippocrat:

It has occured to me that many members of the Hampden District Medical Socitey might be interested in the fact that we do have a few mobilization assignee vacanies here at our Westover hospital.

The use of these vacancies would make it possible for AF reserve medical officers to participate actively as reserves and thereby earn credits towards their retirement.

If you believe this information might be of some interest, I suggest dissemination of the above information. Those interested should contact my Director, Medical Administrative Services, Colonel Harry Zubkoff, at LYceum 3-6411, Extension 262, for further details.

I. LOUIS HOFFMAN
Colonel, USAF, MC
Commander

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EXECUTIVE COMMITTEE

Below is a summary of the March 1st District Executive Committee meetings:

1. Approved the request of a local television station to allow physicisians to appear on a daily program, the details of which are to be ironed out by Dr. J. M. Baker, chairman of the Public Relations Committee.
2. Reviewed correspondence from senators and congressmen on the Forand Bill.
3. Reviewed a business manager and collection plan for physicians to be Society sponsored. Sponsorship of the Society was denied.
4. The annual district meeting is to be held on Tuesday, April 26, 1960 at the Stage Coach Barn, Storrowtown. Cocktail hour 6:00 P. M. Dinner, promptly, at 7:00 P. M.

The Grievance Committee heard a complaint against a physician who reportedly has not covered his practice adequately on week ends.

Harry N. Memery, M. D.
Secretary

MEDICAL BACKGROUNDS for the FIVE RING CIRCUS

Even those who have not strapped on skis or skates to keep pace in person with the advance of winter sports that have been snow-balling over the past decade or two must have been thrilled to sit in on the magnificent performance of the world's best athletes in settings that were wonderfully adequate in that Valley which perpetuates the fame of the Squaw, the aboriginal American woman. Soviet *Pravda* went so far to to praise "the conditions of exceptional friendship and comradeship. Our thankfulness (goes) to the American people for their hospitality and good will." (Springfield Union, March 2, 1960). The weatherman, too, relented after dropping a wet blanket of snow on the first day, and provided ideal conditions.

American medical men also may take a justifiable pride in their contribution to these happy Olympic results. Consult your J.A.M.A. for Feb. 26th. for the details in explanation. A large part of our thanks must go to the man who seems to have devoted his life to effec-

(continued on page 16)

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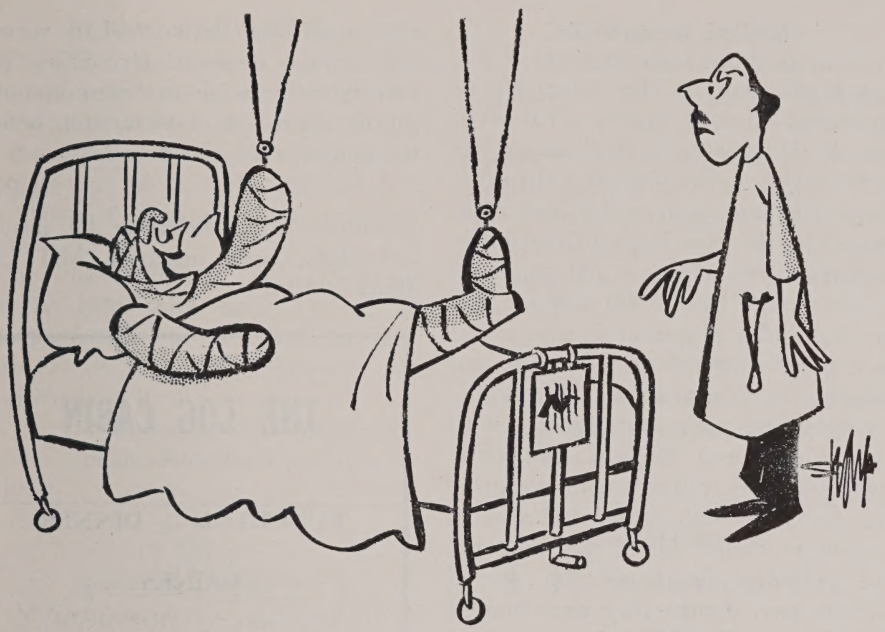

Courtesy Medical Society Magazine Group

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Medical Backgrounds

(continued from page 14)

tive application of the principles of modernized public health, Prof William B. Stiles who teaches that subject at Berkley's University of California. For more than a year he has been planning for the provision of facilities, man and woman power and materials to serve more than 1,000 athletes, and the multitudes of spectators who would be exposed to the elements and human ailments at unaccustomed altitudes.

Eighty physicians were billeted with twenty in reserve. There was a pool of sixty nurses as well as ambulance drivers, x-ray and laboratory technicians, —even a dentist. All of this long list are volunteer workers who served without pay, though they were housed and fed of course. Then, too, duty periods were scheduled so as to allow time off for fun.

A spectacular ski squad of ten doctors was made instantly available, and equipped with the most up-to-date aluminum shell sled to speed the casualties safely to the ambulances and, in case of need, the air lifts. The Department of Defense loaned many items, while the milk, water and food supplies of the area were placed under daily inspection by health officers who also supervised the control of vermin and sewage disposal. Dr. Stiles was foresighted enough to begin immunization against flu two months before the games were slated to begin.

E.P.B.

(Editor's Note: Reference for pictures and details, consult magazine "M. D." for March, 1960.)

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PUBLIC RELATIONS

The Public Relations Committee will again sponsor awards for the Science Fairs to be held in the high schools of the Hampden District. Judging of exhibits will be done by members of our District Society, as in previous years.

An Indoctrination Dinner-Meeting will be held some time during the month of April to which all the new members of the District Society will be invited.

J. M. Baker, M. D., Chairman
Public Relations Committee

LOST AND FOUND

Dr. Ralph Miller of Ware will be very happy to return a hat in exchange for his own Stetson that some one mistakenly walked off with at the last District meeting at Storrowtown. The same goes for his tan coat that some one by mistake put on at the February Academy Meeting, Municipal Hospital.

NEW TWIST

Patient: "If I forget to take my medicine *after* meals, doctor, can I take it *before* meals?"

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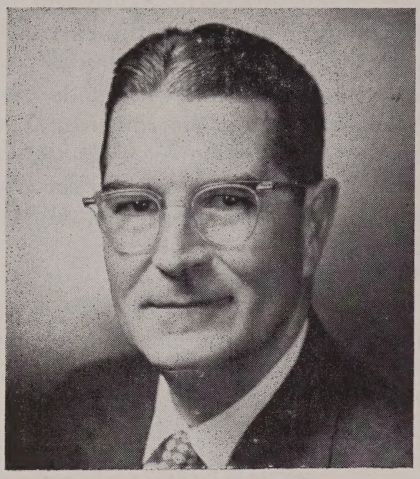
AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held at the Hotel Statler on May 17, 18, and 19. In order to encourage everybody to attend, members of our District Society are urged to cancel hospital conferences, and to avoid all other conflicting meetings during the three-day period of the State Meeting.

Harry N. Memery, Secretary

CANCER TEACHING CLINIC



Thomas W. Botsford, M. D.

The cancer service of Westfield State Sanatorium has scheduled its spring Cancer Teaching Clinic for Wednesday, April 6, from 4 to 6 p.m. The meeting will open with a series of unusually interesting case presentations by member of the hospital staff. Then Dr. Thomas W. Botsford, Assistant Clinical Professor of Surgery at the Harvard Medical School, and Senior Associate in Surgery at the Peter Bent Brigham Hospital, will speak on "Cancer Detection in the Physician's Office."

Every physician in western Massachusetts is urged to attend what is sure to be an interesting and stimulating meeting. Everyone is invited to stay for dinner at the hospital cafeteria.

RHEUMATIC FEVER NOTES

Acute tonsillitis and other streptococcal infections play a major role in the onset of rheumatic fever.

In one study of 563 servicemen with rheumatic fever, 85% had previous illness. Of these two-thirds were "highly suggestive of streptococcal etiology" just before the onset of the disease.

Rheumatic fever appears to run in families. If one child has rheumatic fever, the probability of his siblings developing the disease is 1 in 4; if one parent also has the disease, probability may increase to 1 in 2.

Both the incidence and the death rate from rheumatic fever, a major cause of heart damage in youngsters, have dropped steadily in the past few decades.

Statistics show that the death rate from the disease has decreased from 7 per 100,000 Americans in 1910 to only 1 in every 200,000 in 1957.

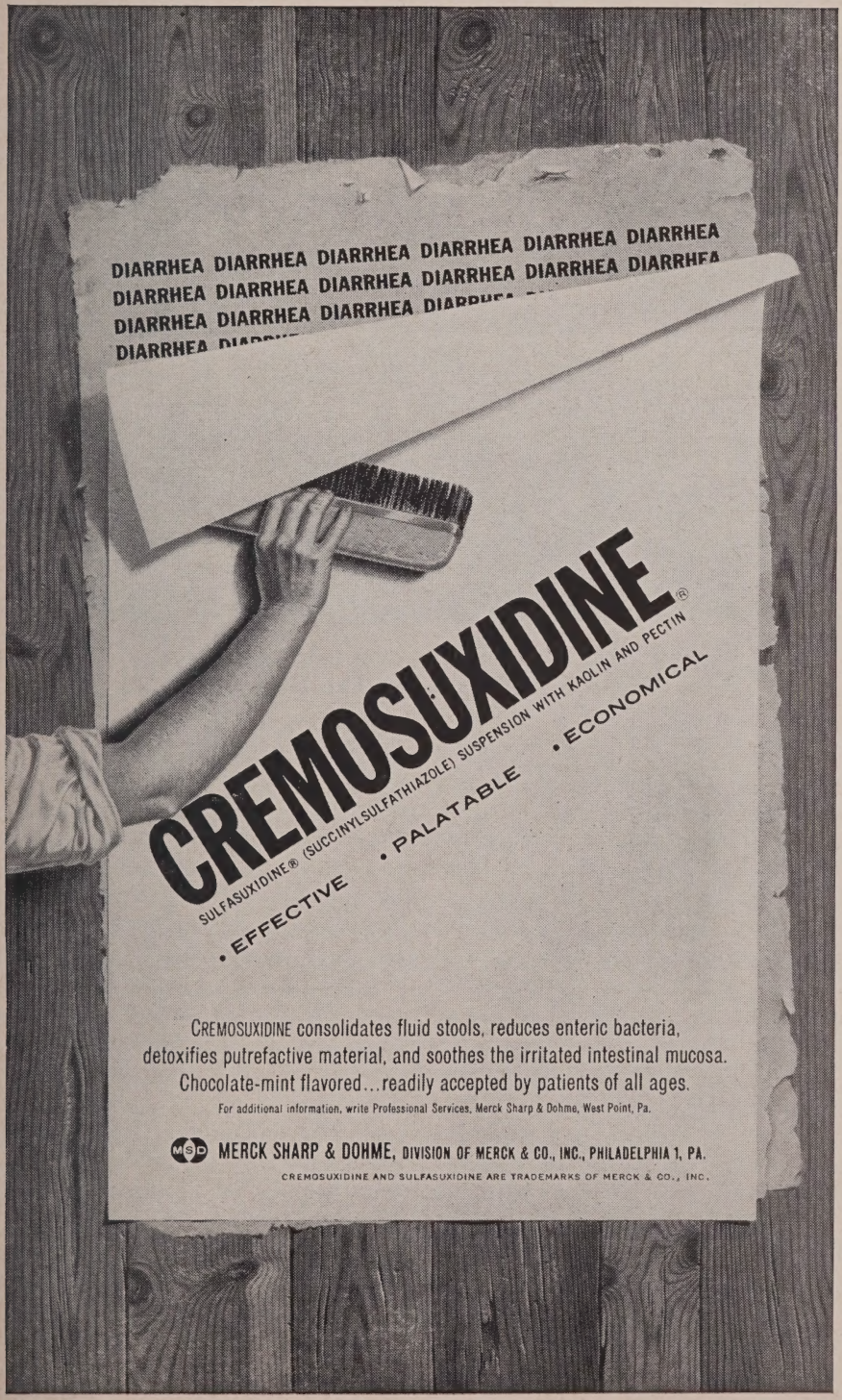
However, rheumatic fever is still a widespread and frequently serious problem. An estimated 2,000,000 persons in this country have had or will develop during their life span an attack of rheumatic fever—and probably half of these will have residual heart damage as a result of the disease.

When is rheumatic fever most likely to strike? Between the ages of 5 and 12. More than 50 percent of all intitial attacks occur before the age of 15. Essentially a childhood illness, rheumatic fever and resultant heart disease is the fifth leading cause of death among children of 5 to 14. About 1 in every 100 children between the ages of 5 and 19 has had rheumatic fever.

How can recurrence of rheumatic fever be prevented? The problem is of paramount importance because each recurrent attack may increase cardiac damage.

Because a definite link exists between streptococcal infections and rheumatic fever, and since these are often difficult to detect, prophylaxis throughout life is recommended.

From "Patterns of Disease" by
Parke Davis & Company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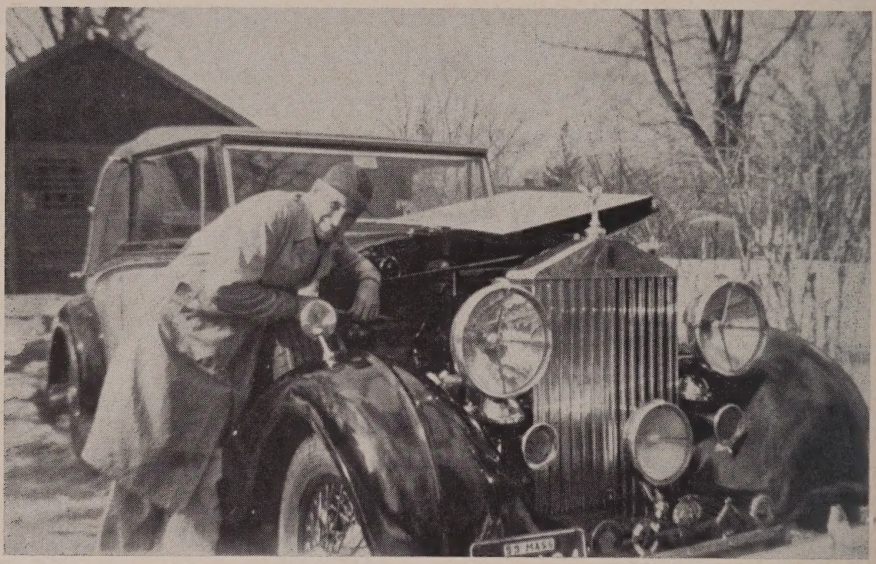
THE DOCTOR AND HIS HOBBY

IV — "Rolls" Tinkering



"I've always wanted to own a Rolls Royce," said Dr. Theodore R. Miner as he spoke with pride of his 1939 Rolls Royce Wraith. For so modest and retiring a gentleman, for one who abhors ostentation, this pride of ownership is most striking as Ted speaks feelingly about his pet hobby, the Rolls Royce. He is intensely interested in his car, not simply for show, but for the sheer enjoyment of tinkering with its motor, maintaining its mechanics and appearance, as well as the joy of ownership.

Not one to merely collect antique automobiles, Dr. Miner, who practices surgery in Springfield, is a great believer in the Rolls Royce. He does not regard his car as a collector's item, but as a practical everyday automobile, which you will see him drive daily in the course of his medical duties.

It all started at the age of 16 years when Ted and his brother, two mechanically minded boys, loved to tinker with their father's car. He used to watch the Rolls Royce go by, and dreamed of owning one someday. His chance came in 1953, when a 1921 Phantom was for sale on an island off the coast of Maine. Ted lost no time in getting to a telephone, and bought the car sight unseen, so great was his confidence in this automobile. The car had been on the island for five years, the last two of which it had been unused. He ferried the car to the mainland, and drove it home with no difficulties. He then proceeded to do a great deal of restoration work on the car. The upholstery, hardware, and wood finishing, he did himself. With some help, he rebuilt the entire engine. After restoration, he drove this car every day until June, 1959, when he bought an English built 1939 Wraith, a smaller, more modern model that would be easier for Mrs. Miner to

drive, and which is his present pride and joy. Ted might have liked to keep the older car also, but owning two Rolls Royce automobiles was too pretentious for one of Ted's modest personality.

These mystic ethereal names given to the various Rolls Royce models capture the imagination, and Ted explains that this is another one of the unusual characteristics of the automobile. The first model ever produced was called the Silver Ghoat, while Ted's first car was the Phantom I. The current model is the Phantom V, sold only to a select clientel. Ted's present automobile is the Wraith. He does not contemplate a third Rolls for he has every confidence that the present one will last at least 20 years more. He is sure that the Rolls Royce is the finest car in the world, mechanically excellent, dignified, and yet not ostentatious or conspicuous. In fact, he is sure it is the cheapest car to own because it is trouble free and depreciates so little compared to conventional American automobiles. The styling changes so little that the design of the radiator used in 1901 and modeled after the Parthenon in Athens, Greece, is still in use. Only a change from red to black in 1933 of the RR emblem has been made throughout the years.

The Rolls Royce was originally the product of two men's efforts. Mr. Rolls was a sportsman, while Mr. Royce was an engineer. Built only in England since 1933, the car is road tested for 2500 miles before being sold, and every 20th car is completely taken apart after this test to seek signs of unusual wear. If any is found, all 20 cars are then taken part.

Repairs are rarely needed according to Dr. Miner, but when they are, most owners do the work themselves. If they need help, no ordinary garage will satisfy these proud owners, and they call upon the official distributor of this area in New York. If the car cannot be brought there, they will send a repair man here when needed. Parts when needed are obtained from Crewe, England, but Ted says it is unusual to need them.

In 1951, the Rolls Royce owners club was formed, and now boasts 1100 members owning 1327 cars. The membership roster covers the entire globe, although over 90% are in this country, with 93 members in Massachusetts, of which 8 are in Hampden County. This group meets annually to exchange information on Rolls Royce automobiles, its history, upkeep, and technical information. Last year, the meeting was held in Kent, Ohio, and Ted expects to attend the next meeting in Natural Bridge, Virginia. At these annual meetings, cars are on display, and prizes are awarded for excellence in appearance, restoration, and mechanical perfection. At the last meeting, 150 Rolls Royce automobiles were on display, representing all vintages, some going back to 1911.

The club publishes a magazine called "The Flying Lady" named after the radiator emblem. The magazine is published bimonthly, and contains all kinds of information of interest to Rolls Royce owners.

Ted's enthusiasm for his Rolls Royce is most contagious. He is very proud of his automobile, and his hobby.

Tillman

AUXILIARY DOINGS

The Woman's Auxiliary to the Hampden Distirct Medical Society held a guest meeting on January 27th, 9:30 A. M. in the Wesson Memorial Hospital Auditorium. The meeting was preceded by a coffe hour arranged by Mrs. John M. Maloney, hospitality chairman, and her committee. Officers of the Auxiliary who poured included Mrs. Arthur E. Gramse, president, Mrs. Harry A. Baker, president-elect, Mrs. Harry N. Memery, corresponding secretary, Mrs. Charles D'Avanzo, recording secretary, Mrs. Edward F. Caruso, treasurer and Mrs. Charles A. Diamond, assistant treasurer.

Mrs. William N. Hill, Jr. introduced Dr. J. C. Hall of Holyoke who presented an inspiring movie "Susan's Wonderful Adventure" which was filmed at the Clarke School of the Deaf in Northampton.

Dr. Hall pointed out that there are actually no deaf and dumb children. The speech mechanism is actually intact, the problem is the long hard task necessary to teach the deaf child to speak. The Clarke School has attained an international reputation in the field and has numbered such vital personalities as Alexander Graham Bell, Mr. and Mrs. Calvin Coolidge and Mr. and Mrs. Spencer Tracy among its supporters.

Dr. and Mrs. Hall are members of the board and are also members of the Centennial Development Program at the school which Dr. Hall arranged at the suggestion of the Junior Chamber of Commerce. Dr. Hall also pointed out that there are about 30,000 children in the United States who are in need of this type of training after which they are able to assume a normal position in any school or community. Many of these students go on to regular high schools and colleges and are able to further their education in a great many fields. Dr. Hall feels very strongly that to fail to provide this special training is not only a loss to the child involved but a great loss to our society as well.

Dr. Hall's presentation was followed by the usual business meeting.

Mrs. Stanley R. Dixon,
Chairman of Publicity

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HIGHLIGHTS OF FEBRUARY (3) COUNCIL MEETING

Meeting was called to order by Dr. Lawrence Dame, President of the MMS at 10:15 A. M.

Reports of Committees on AMA Delegates, Anatomical Material, Arrangements, Joint Conference with the Bar, Blood Banks, Society Headquarters, Industrial Health, New England State Medical Societies' Delegates, Post Graduate Medical Education, Rehabilitation and Chronic Disease and Welfare Problems were informational only and accepted without debate.

Committee on Benevolence reported as opposed to the creation of a home for indigent Physicians, because of (1) lack of need and (2) great expense. This was upheld by council.

A communication from Dr. Howard Sprague, President, Boston Medical Library, reported on the proposed union with the new Countway Library at Harvard in which the identity of the Boston Medical Library will be preserved and space will be available for work rooms of the New England Journal of Medicine and Journal of Bone and Joint Surgery. The Business Office will remain at Society Headquarters, Fenway, in order to preserve the identification of these journals with the MMS.

Report on Committee on Finance proposed that the matter of expense for alternate delegates to the AMA be referred to a committee for further study. A recommendation that $3,000.00 be contributed to the AMA Education Fund ($1,000.00 to each of the Mass. Medical Schools) was approved.

By-Laws Committee recommended a change of name from "Committee on Welfare Problems" to "Committee on Tax Support Medical Care". The Committee to consist of a chairman and two fellows nominated by the president and one member elected by each district. Dr. Robert O'Malley of Hampden emphasized that such a committee would be charged also with problems such as the Forand Bill, etc. The committee presented also a change in By-Laws whereby fellows who had not paid their dues could be deprived of membership without waiting for action at the annual meeting.

Report of Committee on Hospital and Professional Relations was withdrawn for further study.

Committee on National Legislation recommended resolution that the MMS recognize that there are some among the aged who will be unable to finance the cost of medical care despite voluntary health insurance programs, and that federal aid should be made available (not through Forand type legislation) only to those elderly persons with a demonstrable financial need. This was opposed by Norfolk who wished simply to oppose the Forand Bill but this was defeated. The original resolution was approved.

Committee on State Legislation re-

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orted appearing at the State House in favor of a bill to substitute the word "external" in the definition of Podiatry.

The Committee also reported that a Bill had been filed to amend the harmful drug act to have it read: "A physician, dentist or veterinarian may personally administer or direct the use of any harmful drug at such times and under such circumstances as he, in good faith, and in the legitimate protection of medicine believes to be necessary for the alleviation of pain and suffering or for the treatment or alleviation of disease and further a physician, dentist or veterinarian may dispense or supply any harmful drug provided it is in the best interest of the patient."

Committee on utilization of Blue Shield reported some abuses and asked to be discharged. This was granted. It recommended also the creation of a Committee on Medical Charges, which would hear, review, analyze, adjudicate or refer to proper authority complaints or medical charges under medical care plans. Dr. O'Malley of Hampden asked whether this would be a two-way committee which would receive also complaints from physicians about medical care plans, and he was assured by President Dame that such was the case.

Dr. Clark of the M.G.H. reported that its Board of Trustees had voted to charge ward patients for professional services and that they were billing Blue Shield for such services in spite of specific provisions in the Blue Shield contract that patients and interns shall not be paid by B.S. The sum involved was said to be between $400,000.00 and $500,000.00 and the money goes into a fund administered by the hospital to raise resident's salaries. This method was characterized as basically dishonest and as a form of subtrefuge by Dr. Bradford who received much applause from council members for his statement. The matter was referred to committee on Blue Shield problems. Miller

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MASS. SOCIETY OF INTERNAL MEDICINE

Program For
Wednesday, April 13, 1960

Pulmonary Function Today:
Its Importance in Health and Disease

Springfield Municipal Hospital
1400 State Street, Springfield

Morning Session

10:00 A. M. to 10:20 A. M.

Registration, conversation, coffee (courtesy of Mass. Society of Internal Medicine)

Theodore L. Badger, M. D.
Boston, Moderator

"OUR OBJECTIVES" - Howard F. Root, M. D., President, Massachusetts Society of Internal Medicine.

10:30 A. M. to 11:20 A. M.

"THE SIGNIFICANCE OF PULMONARY PHYSIOLOGY IN CLINICAL MEDICINE" - Edward A. Gaensler, M. D., Boston.

11:20 A. M. to 11:30 A. M.

QUESTION AND ANSWER PERIOD—

Discussants:
Donald F. Egan, M. D., Springfield
Howard G. Turner, M. D., "

11:30 A. M. to 12:15 P. M.

"BLOOD GAS DERANGEMENTS ASSOCIATED WITH PULMONARY DISEASE" - John B. Henry, M. D., Boston.

12:15 P.M. to 12:30 P. M.

Movie: "RESUSCITATION MEASURES, PRACTICAL DEMONSTRATIONS"

12:30 P. M. to 1:00 P. M.

Members and guests are invited to see adjoining exhibits in the corridors:

1. Cardiac Pace-Maker
2. Bronchoscopy In Resuscitation
3. Timed Vital-Capacity Determinations

1:00 P. M.

LUNCHEON - Hospital Cafeteria
(courtesy of MSIM and Springfield Municipal Hospital)

Afternoon Sessions

Carlton R. Souders, M. D., Boston, Moderator.

Department of Internal Medicine, Lahey Clinic - Chief, Respiratory Section

2:00 P. M. to 2:30 P. M.

"RECOVERY ROOMS and SPECIAL CARE UNITS: Their cost, and personnel needed" - Robert D. Lowry, Boston.

2:30 P. M. to 3:15 P. M.

"OFFICE EVALUATION OF PULMONARY FUNCTION" - Theodore L. Badger, M. D.

3:15 P. M. to 4:00 P. M.

"EVALUATION OF PHYSIOLOGICALLY DIRECTED THERAPY IN PROGRESSIVE BRONCHOSPASTIC DISEASE" - Maurice S. Segal, M. D., Boston.

4:00 P. M. to 4:45 P. M.

Panel: "HOW THE PULMONARY FUNCTION LABORATORY HELPS THE PHYSICIAN" -

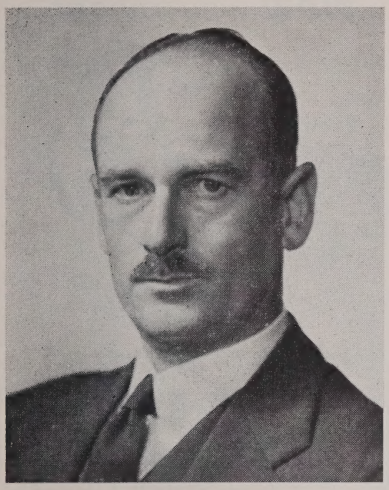
MSI members:

Donald F. Egan, M. D., Springfield
Howard G. Turner, M. D., "
Bernard H. Tillman, M. D., "
Frederick A. Post, M. D., "

Frank E. Hurley, M. D., Chairman, Committee on Local Arrangements.

Absorbine Jr.

ACADEMY



Dr. Edward A. Edwards

At the April 12th meeting of the Springfield Academy of Medicine the speaker will be Dr. Edward A. Edwards, Associate Clinical Professor, Harvard Medical School. Topic will be "Peripheral Vascular Disease". The afternoon Clinical Conference will be held at the Wesson Memorial Hospital, 5 p. m. Topic will be "Management of Peripheral Arteriosclerosis by Methods other than Direct Attack."

May Meeting

On May 10th the Annual Meeting and election of officers will take place. Following this "Grand Rounds #8" (Sound Movie) will be presented. The topic will be "Clinical Problems in Chest Diseases".

Visit and Use the Academy Library

MEDICAL, DENTAL AND NURSING SCHOLARSHIPS PROGRAM

This Board was established under the provisions of Chapter 691 of the Acts of 1957. It is authorized to make awards to *needy* and *academically worthy* students pursuing a course of study in medicine, dentistry, or nursing. Applicants may attend *accredited* publicly supported, or private institutions in Massachusetts, as well as *accredited* publicly supported, or private *out of state institutions*. All applicants must have resided in Massachusetts for *four consecutive* years immediately *prior* to the acceptance of an award. Applicants for medical or dental awards must have completed their *undergraduate* studies, and must have successfully passed the respective aptitude examinations. *Freshman* applicants for nursing awards must have taken the National League for Nursing examination, or the test administered by the Psychological Corporation of New York, *prior* to submitting their award applications. Information regarding these tests may be obtained from secondary school guidance counselors.

Since the establishment of this Board, approximately 465 scholarships were awarded from appropriations totaling one hundred and ten thousand dollars. These awards may be *renewed* upon re-application by the recipient.

A program of awards for the 1960-

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1961 academic year is now being planned. Application forms will be distributed in the spring of 1960 to all *accredited* medical, dental and nursing schools in Massachusetts. Secondary school principals in need of *nursing* award applications should inform this Board of the desired number of applications. In order to be considered, *completed* applications should reach this Board on or *prior to June* 1, 1960. If favorable budgetary action is taken by the Legislature, awards will be made in the *summer* of 1960. Specific enquiries regarding this program should be addressed to:

Executive Secretary
Medical, Dental and Nursing Scholarship Board 2
200 Newburg Street
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References: 1. Cronk, G. A.; Naumann, D. E., and Casson, K.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 397. 2. Childs, A. J.: Brit. M. J. *1*:660 (Mar. 24) 1956. 3. Newcomer, V. D.; Wright, E. T., and Sternberg, T. R.: Antibiotics Annual 1954-1955, New York, Medical Encyclopedia, Inc., 1955, p. 686.

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